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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/583,014			ing Date 13/2009	To be Mailed	
APPLICATION AS FILED — PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
FOR NUM				_ED	NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i), (or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A		
	ΓAL CLAIMS CFR 1.16(i))		minus 20 =		*			X \$ =		OR	X \$ =		
IND	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		*			X \$ =			X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 addi	If the specification and c sheets of paper, the app is \$250 (\$125 for small e additional 50 sheets or f 35 U.S.C. 41(a)(1)(G) at			oplication size fee due entity) for each fraction thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If the difference in column 1 is less than zero, enter "0" in column 2.											TOTAL		
APPLICATION AS AMENDED — PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	01/23/2012	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 11	Minus	** 20		= 0		X \$ =		OR	X \$60=	0	
	Independent (37 CFR 1.16(h))	* 3	Minus	***3		= 0		X \$ =		OR	X \$250=	0	
AM	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
ENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	Minus	**		=		X \$ =		OR	X \$ =		
	Independent (37 CFR 1.16(h))	*	Minus	***		222		X \$ =		OR	X \$ =		
IEN	Application Size Fee (37 CFR 1.16(s))												
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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